

O+6 - USGS (P.O. Drawer 1857, Roswell, NM)
 1 - Admin Unit-Midland 1 - File
 1 - JIM-Engr.
 1 - CK-Foreman

Form 9-331
 Dec. 1973

Form Approved.
 Budget Bureau No. 42-R1424

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well gas well other Injection Well

2. NAME OF OPERATOR
 Getty Oil Company

3. ADDRESS OF OPERATOR
 P. O. Box 730, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) Unit ltr. I, 1650' FSL and 510' FEL
 AT SURFACE:
 AT TOP PROD. INTERVAL:
 AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)	Convert to injection & acidize		

5. LEASE
 LC-067968

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
 West Dollarhide Queen Sand Unit

9. WELL NO.
 15

10. FIELD OR WILDCAT NAME
 Dollarhide Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 S-30, T-24-S, R-38-E

12. COUNTY OR PARISH
 Lea

13. STATE
 NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
 3165' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

- 1) Rig up pulling unit.
- 2) Install BOP.
- 3) Clean out to TD.
- 4) Acidize with 4500 gallons 20% HCl.
- 5) Run plastic lined tubing and packer.
- 6) Place well on injection, 250-350 BWPD.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Dale R. Crockett TITLE Area Superintendent DATE August 20, 1981

(Orig. Sgd.) PETER W. CHESTER (This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY:

SEP 2 1981
 FOR
JAMES A. GILLHAM
 DISTRICT SUPERVISOR